

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 OCT 31 AM 7:43  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Torhewell State Rural

ADDRESS (number and street)

P.O. Box 1182



Check if different  
than previously  
reported. (ACC)

Raleigh

NC

27602-1

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 06617399

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY  
11 / 08 / 2016

MM / DD / YYYY  
08 / 20 / 2016

MM / DD / YYYY  
20 / 16

in the  
State of

NC

(d) 30-Day

POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

5. Covering Period

MM / DD / YYYY  
10 / 01 / 2016

MM / DD / YYYY  
01 / 01 / 2016

MM / DD / YYYY  
20 / 16

through

MM / DD / YYYY  
10 / 01 / 2016

MM / DD / YYYY  
19 / 01 / 2016

MM / DD / YYYY  
20 / 16

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ronald Blaine Richardson

Signature of Treasurer

*Ronald Blaine Richardson*

Date

MM / DD / YYYY  
10 / 25 / 2016

MM / DD / YYYY  
25 / 10 / 2016

MM / DD / YYYY  
20 / 16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 05/2016